



# Why Join SNAP (Sierra Nevada Association of Paralegals)?

SNAP is the National Association of Legal Assistants affiliate in Northern Nevada. This affiliation provides SNAP members with CLA/CP testing opportunities within the Reno/Sparks area. SNAP members also enjoy monthly continuing legal education seminars, subscription to SNAP's Job Bank and monthly newsletter, networking opportunities with other professionals in the legal community, and updates on national and local legislation affecting the paralegal profession.

## APPLICATION FOR MEMBERSHIP

By submitting this application I agree to be bound by the Code of Ethics and Professional Responsibility adopted by the National Association of Legal Assistants, Inc., subscribed to by the Sierra Nevada Association of Paralegals, and the bylaws adopted by the Sierra Nevada Association of Paralegals.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address (including City, State and Zip): \_\_\_\_\_

Preferred Mailing Address:    \_\_\_ work    \_\_\_ home

Telephone:    Home (775)

                  Business (775)

Preferred e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_    Application Date: \_\_\_\_\_

Employer Address (including City, State and Zip): \_\_\_\_\_

Position Title: \_\_\_\_\_

I prefer any SNAP mailings to be sent to:    Home \_\_\_\_\_    Office \_\_\_\_\_

I would like to be included in the SNAP Job Bank to receive notification of job openings via e-mail \_\_\_\_\_

Your Areas of Specialty Areas or Areas of Interest:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Criminal Law                 | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> General            | <input type="checkbox"/> Probate/Estate               | <input type="checkbox"/> Bankruptcy  |
| <input type="checkbox"/> Family Law         | <input type="checkbox"/> Administrative               | <input type="checkbox"/> Taxation    |
| <input type="checkbox"/> Litigation         | <input type="checkbox"/> Other (Please specify) _____ |                                      |

Years worked in Legal Profession:  0-1  2-5  6-10  Over 10

Employer is (check one if currently employed as a paralegal):

- |   |  |
|---|--|
| <input type="checkbox"/> Law department, nonprofit organization | <input type="checkbox"/> Corporate law department                  |
| <input type="checkbox"/> Judicial agency, court or court master | <input type="checkbox"/> Private law office (# of attorneys _____) |
| <input type="checkbox"/> Governmental agency                    | <input type="checkbox"/> Sole Practitioner                         |
| <input type="checkbox"/> Other: _____                           |  |

No. of legal assistants/paralegals in my office: \_\_\_\_\_ No. of non-legal personnel in my office: \_\_\_\_\_

Current professional or business organization memberships: \_\_\_\_\_

Experience in states other than Nevada: \_\_\_\_\_

Formal or special education (name and address of school or training for present position):  
\_\_\_\_\_

Date of graduation: \_\_\_\_\_ Specialty (if applicable) \_\_\_\_\_

If you have a CLA/CP or ACP designation, please indicate the year certified:

CLA/CP: \_\_\_\_\_

ACP: \_\_\_\_\_

Area(s) of ACP certification: \_\_\_\_\_

## MEMBERSHIP REQUIREMENTS

Active Member - \$50.00	Active members are defined on page 4. Active membership carries full voting privileges, and such members shall be privileged to vote in all elections. Active members may serve as Association officers or voting members of the Executive Committee
Student Member - \$20.00	Student Member are any individuals, not qualified as an active, retired or associate member, currently enrolled in an educational program which includes legal courses, including, but not limited to, an ABA-approved paralegal program, a non-ABA approved paralegal program, a community college, or a university. The enrollment and participation in such legal courses must be attested to by a representative of the learning institution. Student members who wish to renew as Student Members must supply a copy of their current transcript. Student members have no voting privileges, except through the Student Liaison, who shall have one vote.
Retired Member - \$20.00	Retired members consist of any individual who has been an Active Member of SNAP or other NALA affiliated association for at least three (3) years at the time of retirement and has either attained the age of 55 years or received mandatory retirement because of a physical disability, subject to review and approval of the Executive Committee. Retired members carry full voting privileges, and such members shall be privileged to vote in all elections. Retired members may serve as Association officers or voting members of the Executive Committee.
Associate Member - \$30.00	Associate Member are any individuals who do not qualify as an active, retired, sustaining or student member as outlined in SNAP's Bylaws, but is employed in a law-related field, subject to review and approval of the Executive Committee. Associate members have no voting privileges.
Sustaining Member - \$75.00	Sustaining Member are any individual, law firm, corporation or institution interested in supporting the goals of this Association, which shall include judges, attorneys, paralegal educators, discovery masters, court masters, and any other individual involved in the promotion of the legal assistant profession, and endorsing the objects and purposes of this Association. Sustaining members have no voting privileges.

Membership in this Association is based on requirements approved by Association members and specified by the Membership Classifications in SNAP's bylaws.

Membership applications should be completed and submitted with your check made payable to Sierra Nevada Association of Paralegals in the required amount and mailed to:

**SIERRA NEVADA ASSOCIATION OF PARALEGALS**  
*P.O. Box 2832*  
*Reno NV 89505*

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Please mark below the requirement for membership that you feel you have met and provide the information requested:

**I. ACTIVE MEMBERSHIP:**

**I am applying for membership under Category \_\_\_\_\_. (Choose Category 1-3 or complete the Attorney/Employer Attestation below. Please note you do not have to be currently employed as a Paralegal to Join SNAP when you apply under Categories 1-3.)**

<b>Category 1</b>	Any individual who has successfully completed the Certified Legal Assistant (CLA) examination of NALA
<b>Category 2</b>	Any individual who has graduated from an ABA approved program of study for legal assistants
<b>Category 3</b>	Any individual who has graduated from a course of study for legal assistants which is institutionally accredited but not ABA approved, and which required not less than the equivalent of 60 semester hours of classroom study
<b>Category 4</b>	Any individual who has graduated from a course of study for legal assistants other than those set forth in (ii) and (iii) above, plus not less than six months of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant
<b>Category 5</b>	Any individual who has received a baccalaureate degree in any field, plus not less than six months in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant
<b>Category 6</b>	Any individual who has a minimum of three years of law-related experience under the supervision of an attorney, including at least one year of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant
<b>Category 7</b>	Any individual who has a minimum of two years of in-house training as a legal assistant, whose attorney-employer attests that such person is qualified as a legal assistant

I hereby attest that I meet the qualifications for Active Membership in the Sierra Nevada Association of Paralegals as listed under Category \_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_  
 Applicant Signature

**Attorney/Employer Attestation: (This section must be completed by all applicants for Active Membership under Categories 4-7.)**

I hereby attest that \_\_\_\_\_ is employed by me and meets the qualifications for Active Membership in the Sierra Nevada Association of Paralegals as listed under Category \_\_\_\_\_.

Date: \_\_\_\_\_  
 State Bar No. \_\_\_\_\_  
\_\_\_\_\_  
 Employer Signature

**II. STUDENT MEMBERSHIP:**

Attending (name of school) \_\_\_\_\_

Length of legal assistant/paralegal program \_\_\_\_\_ ABA Approved? Yes \_\_\_ No \_\_\_

Expected date of graduation: \_\_\_\_\_ No. of semester hours: \_\_\_\_\_

**School Attestation: (this section must be completed on all initial applications for Student Membership and must be completed by the school program director or instructor. For Renewal applications, please provide a copy of your transcript.)**

I hereby attest that \_\_\_\_\_ is currently enrolled in the Legal Assistant/Paralegal Program at this school.

School: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

I hereby attest I am not currently employed as a legal assistant or I have not been employed as a legal assistant for at least 6 months under the supervision of an attorney.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**III. RETIRED MEMBERSHIP:**

Dates of Active Membership in SNAP: \_\_\_\_\_

Dates of Membership in NALA Affiliated Association: \_\_\_\_\_

Name and location of NALA Affiliated Association: \_\_\_\_\_

I declare that I have been an Active Member of SNAP or other NALA Affiliated Association for at least three (3) years at the time of retirement and have either attained the age of 55 years or received mandatory retirement because of a physical disability; that I have not been convicted of a felony or disbarred from the practice of law.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**IV. ASSOCIATE MEMBERSHIP:**

Please briefly describe why you feel you do not meet the membership criteria for: active membership, retired membership, sustaining membership, or student membership.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**V. SUSTAINING MEMBERSHIP:**

Please briefly describe how, as a Sustaining Member you will be involved in the promotion of the legal assistant profession.

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**To be completed by Sierra Nevada Association of Paralegal's Second Vice President:**

Based on the above information, I accept this applicant for membership in the Sierra Nevada Association of Paralegals:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Vice President